1144305

Potential persons who are to respond to the collection of information are not required to respond unless the form displays a currently valid

:C 1972 (6-99)

ATTENTION

Failure to file notice in the appropriate states will not result in 02048119 ____ption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

FORM D

1086

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL						
OMB Number:	3235-0076					
xpires:	May 31, 2002					
stimated average b	urden					
ours per response	1					

SEC USE ONLY				
Prefix		Serial		
[DATE RECEIV	ED		

Name of Offering (□check if this is an ame Series C Preferred Stock Financing	endment and nan	ne has changed, and ind	licate change.)			
Filing Under (Check box(es) that apply):	□Rule 504	□Rule 505	⊠Rule 506	☐ Section	4(6)	□ ULOE
Type of Filing: □New Filing □	lAmendment					
	A	. BASIC IDENTIFIC	ATION DATA			
1. Enter the information requested about the	issuer					,
Name of Issuer (□check if this is an ame Vernier Networks, Inc.	endment and nan	ne has changed, and inc	licate change.)			
Address of Executive Offices 465 National Avenue, Mountain View	, CA 94043	(Number and Street,	City, State, Zip C	ode) Telep	hone Ni	imber (Including Area Code) 650-237-2200
Address of Principal Business Operations (if different from Executive Offices)		(Number and Street,	City, State, Zip C	ode) Telepl	hone Nu	mber (Including Area Code)
Brief Description of Business						PHOCESSEL
Technology Development						JUL 1 8 2002
						THOMSON
Type of Business Organization						FINANCIAL
⊠corporation	□ limite	ed partnership, already f	ormed			other (please specify):
□ business trust	□ limite	ed partnership, to be for	med			
Actual or Estimated Date of Incorporation of	r Organization:		Month 0 1	Year 0 1	⊠Actual	☐ Estimated
Jurisdiction of Incorporation or Organization	`	-letter U.S. Postal Servi nada; FN for other forei		or State:	Е	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

- 2. Enter the information requested for the following:
 - · Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer,
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	Promoter	☐Beneficial Owner	☐ Executive Officer	☑ Director	□General and/or Managing Partner
Full Name (Last name first, if inc Booker, Joe T.	lividual)				
Business or Residence Address	(Number and Str	eet, City, State, Zip Code)			
14662 Fieldstone Drive, Saraf	toga, CA 95070				
Check Box(es) that Apply:	□Promoter	☐Beneficial Owner	⊠ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if inc	lividual)				
Carey, Sydney					
Business or Residence Address	(Number and Str	eet, City, State, Zip Code)	-		
2465 Latham Street, 1st Floor	, Mountain View,	CA 94040			
Check Box(es) that Apply:	□Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if inc Carrico, William N.	lividual)				
Business or Residence Address	(Number and Str	eet, City, State, Zip Code)			
2465 Latham Street, 3rd Floor	, Mountain View,	CA 94040			
Check Box(es) that Apply:	□ Promoter	⊠ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if inc	lividual)				
DCM III, L.P.					
Business or Residence Address	(Number and Str	eet, City, State, Zip Code)			
3180 Porter Drive, Suite A, Pa	alo Alto, CA 9430	4			
Check Box(es) that Apply:	□ Promoter	⊠ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if ind DCM III - A, L.P.	·				
Business or Residence Address	(Number and Str	eet, City, State, Zip Code)			
3180 Porter Drive, Suite A, P	alo Alto, CA 9430	4			
Check Box(es) that Apply:	☐ Promoter	∨ ⊠ Beneficial Owner	☐ Executive Officer	☐ Director	□ General and/or Managing Partner
Full Name (Last name first, if ind DCM Affiliates Fund III, L.P.					
Business or Residence Address		eet, City, State, Zip Code)			
3180 Porter Drive, Suite A, P	alo Alto, CA 9430	4			
Check Box(es) that Apply:	□Promoter	□Beneficial Owner	☐ Executive Officer	⊠ Director	☐General and/or Managing Partner
Full Name (Last name first, if inc	dividual)				
Druyan, Lara					
Business or Residence Address	(Number and Str	eet, City, State, Zip Code)			
c/o Allegis Capital, LLC, 100	Hamilton Avenue,	Suite #250, Palo Alto, CA	94301		

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 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer,
 - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Zaon gonerai and managi	ing paraner or paraners	inp 1000410.			
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	□ General and/or Managing Partner
Full Name (Last name first, if in-	dividual)	····			··
Elmore, William					
Business or Residence Address	(Number and Str	eet, City, State, Zip Code)			
70 Willow Road, Suite 200, N	nenio Park, CA 94	025			
Check Box(es) that Apply:	□Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠ Director	□General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Estrin, Judith L.	,				•
Business or Residence Address	(Number and Str	eet, City, State, Zip Code)			
2465 Latham Street, 3rd Floo	r, Mountain View,	CA 94040			
Check Box(es) that Apply:	☐ Promoter	⊠Beneficial Owner	☐ Executive Officer	□ Director	□General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Financial Technology Ventur	es (Q), L.P.			•	•
Business or Residence Address		eet, City, State, Zip Code)			
601 California Street, Suite 2	200, San Francisc	o, CA 94108			
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Financial Technology Ventur	•			,	
Business or Residence Address		eet, City, State, Zip Code)			<u> </u>
601 California Street, Suite 2	,				
Check Box(es) that Apply:	☐ Promoter	⊠Beneficial Owner	☐ Executive Officer	□ Director	☐General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Financial Technology Ventur	es, L.P.				
Business or Residence Address	(Number and Str	eet, City, State, Zip Code)			
601 California Street, Suite 2	200, San Francisc	o, CA 94108			_
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Financial Technology Ventur	es II, L.P.				
Business or Residence Address	(Number and Str	eet, City, State, Zip Code)			
601 California Street, Suite 2	200, San Francisc	co, CA 94108			
Check Box(es) that Apply:	☐ Promoter	⊠Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)			<u> </u>	
Foundation Capital III, L.P.	•				
Business or Residence Address	(Number and Str	eet, City, State, Zip Code)			
70 Willow Road, Suite 200, I	Menlo Park, CA 94	025			

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 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer,
 - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	□ Promoter	⊠ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Foundation Capital III Princip	als, LLC				
Business or Residence Address	(Number and Str	reet, City, State, Zip Code)			_
70 Willow Road, Suite 200, N	1enlo Park, CA 94	1025			
Check Box(es) that Apply:	□ Promoter	⊠ Beneficial Owner	☑ Executive Officer	⊠ Director	□ General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Klein, Douglas					
Business or Residence Address	(Number and Str	reet, City, State, Zip Code)			
2465 Latham Street, 1st Floor	, Mountain View,	CA 94040			
Check Box(es) that Apply:	Promoter	⊠Beneficial Owner	☑ Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Klingman, Kenneth C.					<u> </u>
Business or Residence Address	(Number and Str	reet, City, State, Zip Code)			
2465 Latham Street, 1st Floor	, Mountain View,	CA 94040			
Check Box(es) that Apply:	Promoter	⊠Beneficial Owner	☐ Executive Officer	☐ Director	□General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Masthead Concordia, LLC					
Business or Residence Address	(Number and St	reet, City, State, Zip Code)			
4 Milk Street, Portland, ME 0	4101				
Check Box(es) that Apply:	□Promoter	⊠Beneficial Owner	☐ Executive Officer	☐ Director	□General and/or Managing Partner
Full Name (Last name first, if in-	dividual)				
Masthead Endeavour, LLC					
Business or Residence Address (Number and Street	, City, State, Zip Code)			
4 Milk Street, Portland, ME 0	4101				
Check Box(es) that Apply:	□Promoter	⊠Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Masthead Friendship, LLC					
Business or Residence Address	(Number and St	reet, City, State, Zip Code)			
4 Milk Street, Portland, ME 0	4101				
Check Box(es) that Apply:	□Promoter	⊠Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Media Technology Entrepren	eurs Fund III, L.P	<u>.</u>			
Business or Residence Address	(Number and St	reet, City, State, Zip Code)			
c/o Allegis Capital, LLC, 100	Hamilton Avenue	, Suite #250, Palo Alto, CA	94301		

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 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer,
 - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - · Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	□ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if is	ndividual)				
Media Technology Strategic	Entrepreneurs Fur	nd, L.P.			
Business or Residence Address	(Number and Str	eet, City, State, Zip Code)			
c/o Allegis Capital, LLC, 100	Hamilton Avenue,	Suite #250, Palo Alto, CA	94301		
Check Box(es) that Apply:	□ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	□ General and/or Managing Partner
Full Name (Last name first, if in	ndividual)				
Media Technology Ventures	ill, L.P.				
Business or Residence Address	(Number and Str	eet, City, State, Zip Code)			
c/o Allegis Capital, LLC, 100	Hamilton Avenue,	Suite #250, Palo Alto, CA	94301		
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	ndividual)				
Media Technology Ventures	IV - A, L.P.				
Business or Residence Address	(Number and Str	eet, City, State, Zip Code)			
c/o Allegis Capital, LLC, 100	Hamilton Avenue,	Suite #250, Palo Alto, CA	94301		
Check Box(es) that Apply:	□ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Media Technology Venture	IV - B, L.P.				
Business or Residence Address	(Number and Str	eet, City, State, Zip Code)			
c/o Allegis Capital, LLC, 100	Hamilton Avenue,	Suite #250, Palo Alto, CA	A 94301		an a t
Check Box(es) that Apply:	□Promoter	⊠Beneficial Owner	☐ Executive Officer	☐ Director	□General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
MVP Global, LLC					
Business or Residence Address 4 Milk Street, Portland, ME	•	eet, City, State, Zip Code)			
Check Box(es) that Apply:	□Promoter	⊠Beneficial Owner	☐ Executive Officer	☐ Director	□General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Packet Design, LLC					
Business or Residence Address	(Number and Street,	City, State, Zip Code)			
2465 Latham Street, 3rd Flor	or, Mountain View,	CA 94040			
Check Box(es) that Apply:	Promoter	⊠Beneficial Owner	⊠ Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, if i	ndividual)			<u></u>	
Pathak, Janak T.	ŕ				
Business or Residence Address	(Number and Str	eet, City, State, Zip Code)		·	······································
2465 Latham Street, 1st Floor		CA 94040			